



Reprinted
February 4, 2002

SENATE BILL No. 304

DIGEST OF SB 304 (Updated February 1, 2002 2:03 PM - DI 104)

Citations Affected: IC 12-15.

Synopsis: Emergency room services. Requires that certain physician services provided in a hospital emergency department to a patient enrolled in the Medicaid risk-based managed care program by a physician who does not have a contract with the patient's managed care organization must be paid at 100% of the rates payable under the Medicaid fee structure until December 31, 2004. Requires the office of Medicaid policy and planning to research and submit a report to the legislative council concerning specified data. (The introduced version of this bill was prepared by the joint commission on Medicaid oversight.)

Effective: July 1, 2002.

Miller

January 7, 2002, read first time and referred to Committee on Health and Provider Services.
January 29, 2002, reported favorably — Do Pass.
February 1, 2002, read second time, amended, ordered engrossed.

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SB 304—LS 6746/DI 104+



Reprinted
February 4, 2002

Second Regular Session 112th General Assembly (2002)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2001 General Assembly.

SENATE BILL No. 304

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

- 1 SECTION 1. IC 12-15-15-2.6 IS ADDED TO THE INDIANA
2 CODE AS A **NEW** SECTION TO READ AS FOLLOWS
3 [EFFECTIVE JULY 1, 2002]: **Sec. 2.6. (a) This section applies to**
4 **physician services provided in the emergency department of a**
5 **hospital licensed under IC 16-21 to an individual enrolled in the**
6 **Medicaid risk-based managed care program by a physician who**
7 **does not have a contract with the enrollee's Medicaid risk-based**
8 **managed care organization.**
9 **(b) Payment for physician services described in subsection (a)**
10 **must be at a rate of one hundred percent (100%) of rates payable**
11 **under the Medicaid fee structure.**
12 **(c) The payment under subsection (b) must be calculated using**
13 **the same methodology used for all other physicians participating**
14 **in the Medicaid program.**
15 **(d) For services rendered and documented in an individual's**
16 **medical record, physicians must be reimbursed for federally**
17 **required medical screening examinations that are necessary to**

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1 determine the presence of an emergency, using the appropriate
2 Current Procedural Terminology (CPT) codes 99281, 99282, or
3 99283 described in the Current Procedural Terminology Manual
4 published annually by the American Medical Association, without
5 authorization by the enrollee's primary medical provider or
6 managed care organization.

7 (e) Payment for all other physician services described in
8 subsection (a) provided to enrollees in the Medicaid risk-based
9 managed care program must be at a rate of one hundred percent
10 (100%) of the Medicaid fee structure rates, if the service is
11 authorized, prospectively or retrospectively, by the enrollee's
12 primary medical provider or managed care organization based on
13 information documented in the enrollee's medical record.

14 (f) A primary medical provider is not responsible for a payment
15 required under this section.

16 (g) Before December 31, 2003, the office shall research and
17 collect data concerning payments made under this section,
18 including:

- 19 (1) the number of patients served;
20 (2) the number of claims processed for each CPT code listed
21 in subsection (d);
22 (3) the total amount paid per CPT code; and
23 (4) any other information that the office determines is
24 relevant;

25 and submit a report to the legislative council.

26 (h) This section expires December 31, 2004.

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COMMITTEE REPORT

Mr. President: The Senate Committee on Health and Provider Services, to which was referred Senate Bill No. 304, has had the same under consideration and begs leave to report the same back to the Senate with the recommendation that said bill DO PASS.

(Reference is made to Senate Bill 304 as introduced.)

MILLER, Chairperson

Committee Vote: Yeas 8, Nays 0.

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SENATE MOTION

Mr. President: I move that Senate Bill 304 be amended to read as follows:

Page 2, after line 15, begin a new paragraph and insert:

"(g) Before December 31, 2003, the office shall research and collect data concerning payments made under this section, including:

- (1) the number of patients served;**
- (2) the number of claims processed for each CPT code listed in subsection (d);**
- (3) the total amount paid per CPT code; and**
- (4) any other information that the office determines is relevant;**

and submit a report to the legislative council.

(h) This section expires December 31, 2004."

(Reference is to SB 304 as printed January 30, 2002.)

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